

FORM III [See Rule 4 (1)]
Application for the change of weekly close-day

To,

The Deputy Chief Inspector of
Shops and Establishments,
..... Region,
Sir,

I/We the Occupier/Occupiers/Owner/Owners/Employer/Employers of the establishment
..... desire to change the close-day of my/our establishment from
to with effect from

It is, therefore, requested that necessary approval may please be accorded.

Signature of occupier/owner/Employer.